

Denied Claims Report

Health Plan ID:	2162845
Health Plan Name:	Louisiana Healthcare Connections - LA
Health Plan Contact:	
Contact Email:	
Report Period Start Date:	12/1/2013
Report Period End Date:	12/31/2013
Report Due Date:	1/15/2014

BAYOU HEALTH Reporting

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Document Name:	Denied Claims Report
Reporting Frequency:	Monthly
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#DENIAL_CODE	COUNT
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	8326
Denial Reason Code 2 - Prior Authorization was not on file	5644
Denial Reason Code 3 - Member has other insurance that must be billed first	5986
Denial Reason Code 4 - Claim was submitted after the filing deadline	1454
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	9272
Denial Reason Code 6 - ADD-ON CODE CANNOT BE BILLED WITHOUT PRIMARY CODE	25
Denial Reason Code 6 - AFTER REVIEW, PREV DECISION UPHELD, SEE PROV HANDBOOK FOR APPEAL PROCESS	185
Denial Reason Code 6 - Adjust- Incorrect Provider Paid	3
Denial Reason Code 6 - Adjustment to previously submitted claim	431
Denial Reason Code 6 - CPT NOT REIMBURSED SEPARATELY. INCLUDED AS PART OF INCLUSIVE PROCEDURE	1779
Denial Reason Code 6 - DENIED:RESUBMIT WITH A VALID NDC NBR,QUALIFIER AND UNTS FOR PROCESSING	2
Denial Reason Code 6 - DENY - MOM AND BABY CHARGES SHOULD BE BILLED SEPARATELY	63
Denial Reason Code 6 - DENY - NUMBER OF BLOOD UNITS IS REQUIRED	4
Denial Reason Code 6 - DENY - PLEASE RESUBMIT ACCORDING TO VACCINE GUIDELINES	97
Denial Reason Code 6 - DENY - SERVICE INELIGIBLE FOR REIMBURSEMENT FOR PROVIDER TYPE AS BILLED	31
Denial Reason Code 6 - DENY-ENCOUNTER CODE REQUIRED AND MUST BE BILLED W/PAYABLE DETAIL LINES	354
Denial Reason Code 6 - DENY-UB04: INVALID TOB	119
Denial Reason Code 6 - DENY: DENIED AFTER REVIEW OF PATIENT S CLAIM HISTORY	7164
Denial Reason Code 6 - DENY: DUPLICATE SUBMISSION-ORIGINAL CLAIM STILL IN PEND STATUS	411
Denial Reason Code 6 - DENY: LATE CHARGES DENIED, REPLACEMENT BILL REQUIRED FOR PROCESSING	71
Denial Reason Code 6 - DENY: PAYMENT INCLUDED IN THE HIGHER INTENSITY CODE BILLED	17
Denial Reason Code 6 - DENY: PLEASE FORWARD TO THE DENTAL VENDOR FOR PROCESSING	45
Denial Reason Code 6 - DENY: PROCEDURE IS INAPPROPRIATE FOR PROVIDER SPECIALTY	22
Denial Reason Code 6 - DENY: PROCEDURE NOT COVERED FOR THE MEMBER S AGE	81
Denial Reason Code 6 - DENY: THIS CPT CODE IS INVALID WHEN BILLED WITH THIS DIAGNOSIS	7
Denial Reason Code 6 - DENY: THIS IS A DELETED CODE AT THE TIME OF SERVICE	4
Denial Reason Code 6 - DENY: ADJUSTMENT WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	80
Denial Reason Code 6 - DENY: ADMISSION SOURCE MISSING OR INVALID	72
Denial Reason Code 6 - DENY: ATTENDING PROVIDER NAME/NPI MISSING OR INVALID	47
Denial Reason Code 6 - DENY: BASED ON REVIEW OF MED RECORDS	156
Denial Reason Code 6 - DENY: BENEFIT MAXIMUM HAS BEEN REACHED	1674
Denial Reason Code 6 - DENY: BILL WITH SPECIFIC VACCINE CODE	663
Denial Reason Code 6 - DENY: CLAIM CANNOT BE PROCESSED WITHOUT AN ITEMIZED BILL	36
Denial Reason Code 6 - DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION	802
Denial Reason Code 6 - DENY: CODE WAS DENIED BY CODE AUDITING SOFTWARE	592
Denial Reason Code 6 - DENY: DENIED BY MEDICAL SERVICES	544
Denial Reason Code 6 - DENY: DISCHARGE HOUR INVALID WITH DISCHARGE STATUS 30	29
Denial Reason Code 6 - DENY: DUPLICATE CLAIM SERVICE	18670
Denial Reason Code 6 - DENY: EDI CLAIM MUST BE SUBMITTED IN HARD COPY W CONSENT FORM ATTACHED	314
Denial Reason Code 6 - DENY: HCPCS CPT is not compatible with REV code billed	631
Denial Reason Code 6 - DENY: HMS OVERPAYMENT RECOUPMENT	93
Denial Reason Code 6 - DENY: ICD9 PROCEDURE CODE MISSING OR INVALID	42
Denial Reason Code 6 - DENY: INVALID DATES OF SERVICE PLEASE RE-SUBMIT	25
Denial Reason Code 6 - DENY: INVALID OR MISSING DISCHARGE STATUS, PLEASE RE-SUBMIT	49
Denial Reason Code 6 - DENY: INVALID OR NO TAX ID NUMBER SUBMITTED ON CLAIM, PLEASE RESUBMIT	76
Denial Reason Code 6 - DENY: INVALID PLACE OF SERVICE, PLEASE CONSULT THE PROV MANUAL	9
Denial Reason Code 6 - DENY: MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED	279
Denial Reason Code 6 - DENY: NDC MISSING/INVALID OR NOT APPROPRIATE FOR PROCEDURE	1057
Denial Reason Code 6 - DENY: NON-COVERED - CONTACT PROVIDER SERVICES	38
Denial Reason Code 6 - DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 5TH DIGIT PLEASE RESUBMIT	38
Denial Reason Code 6 - DENY: ORIGINAL SUBMISSION WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	12
Denial Reason Code 6 - DENY: PLEASE SUBMIT TO MENTAL HEALTH PLAN FOR PROCESSING	1831
Denial Reason Code 6 - DENY: PLEASE SUBMIT TO THE VISION VENDOR FOR PROCESSING	310
Denial Reason Code 6 - DENY: PROFESSIONAL FEE MUST BE BILLED ON HCFA FORM	22
Denial Reason Code 6 - DENY: PROVIDER MUST USE HCPC CPT FOR CORRECT PRICING	11
Denial Reason Code 6 - DENY: RESUBMIT CLAIM UNDER FQHC RHC CLINIC NPI NUMBER	78
Denial Reason Code 6 - DENY: RESUBMIT WITH COB FOR NON-T1015 LINES	333
Denial Reason Code 6 - DENY: RESUBMIT WITH MODIFIER SPECIFIED BY STATE FOR PROPER PAYMENT	198
Denial Reason Code 6 - DENY: REVENUE CODE NOT REIMBURSABLE - CPT HCPCS CODE REQUIRED	2005
Denial Reason Code 6 - DENY: REVENUE CODES NOT BILLED ON THE UB92, PLEASE RE-SUBMIT	91
Denial Reason Code 6 - DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	342
Denial Reason Code 6 - DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL ON A UB92	16
Denial Reason Code 6 - DENY: SIGNATURE MISSING FROM BOX 31, PLEASE RESUBMIT	1
Denial Reason Code 6 - DENY: SIGNED CONSENT FORM HAS NOT BEEN RECEIVED	22
Denial Reason Code 6 - DENY: STERILIZATION CONSENT FORM IS NOT VALID OR IS MISSING INFORMATION	461
Denial Reason Code 6 - DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S AGE	310
Denial Reason Code 6 - DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S SEX	102
Denial Reason Code 6 - DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S AGE	87
Denial Reason Code 6 - DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S SEX	18
Denial Reason Code 6 - DENY: THIS IS NOT A VALID MODIFIER FOR THIS CODE	2
Denial Reason Code 6 - DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT	16
Denial Reason Code 6 - DENY: UNITS OF SVC GREATER THAN MAX DAILY UNIT ALLOWED	3
Denial Reason Code 6 - DENY: VISIT IS INCLUDED IN SURGERY	10
Denial Reason Code 6 - DENY: YOUR NPI IS NOT ON FILE VALID OR YOU HAVE NOT BILLED WITH YOUR NPI	54
Denial Reason Code 6 - DENY:Admin Denial	4
Denial Reason Code 6 - DENY:INSUFFICIENT INFO FOR PROCESSING,RESUBMIT W PRIME S ORIGINAL EOB	95
Denial Reason Code 6 - DENY:NO ACTION NEEDED - WILL BE REPROCESSED AFTER STATE REVIEWS NEW CODE	13
Denial Reason Code 6 - DENY:NON-SPECIFIC DIAGNOSIS OR ICD9 PROC NEEDS 4TH DIGIT PLEASE RESUBMIT	1
Denial Reason Code 6 - DENY:PROVIDER NOT CONTRACTED FOR THIS SERVICE-DO NOT BILL PATIENT	2542
Denial Reason Code 6 - DIAGNOSIS CANNOT BE USED AS PRIMARY DIAGNOSIS, PLEASE RESUBMIT	128
Denial Reason Code 6 - Deny: Abortion certification form is not valid/missing information	1
Denial Reason Code 6 - Deny: svcs not eligible for Medicare Primary members	38
Denial Reason Code 6 - EOB INCOMPLETE-PLEASE RESUBMIT WITH REASON OF OTHER INSURANCE DENIAL	33
Denial Reason Code 6 - INAPPROPRIATE LEVEL OF E M SERVICE BILLED	35
Denial Reason Code 6 - INFO: ACA PARITY PAYMENT MADE PREVIOUSLY VIA INTERIM CHECK	1
Denial Reason Code 6 - MAXIMUM ALLOWANCE EXCEEDED	572
Denial Reason Code 6 - MISSING MODIFIER 26	109

Denial Reason Code 6 - MODIFIER BILLED IS NOT VALID, PLEASE RESUBMIT WITH CORRECT CODE	1
Denial Reason Code 6 - NIA PRICING APPLIED	16
Denial Reason Code 6 - OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE RESUBMIT	188
Denial Reason Code 6 - PAID ACCORDING TO CONTRACT STATE PROCESSING GUIDELINES	2
Denial Reason Code 6 - PAY: SERVICE PROCESSED THRU COB AUTOMATION	441
Denial Reason Code 6 - PAY: CHARGES PAID AT PROVIDER S COST-TO-CHARGE RATIO ON DATE OF PAYMENT	1
Denial Reason Code 6 - PAY: MULTIPLE REFERRING AFFILIATIONS QUALIFY	2
Denial Reason Code 6 - PROCEDURE CODE APPENDED WITH BILATERAL 50 MODIFIER	12
Denial Reason Code 6 - PROCEDURE CODE CONFLICTS WITH MEMBER S AGE	21
Denial Reason Code 6 - PROCEDURE CODE EXCEEDS MAXIMUM ALLOWED PER DATE OF SERVICE	973
Denial Reason Code 6 - PROCEDURE CODE ICD-9 CODE INCONSISTENT WITH MEMBERS GENDER	9
Denial Reason Code 6 - PROCEDURE CODE INCONSISTENT WITH MEMBER S AGE	16
Denial Reason Code 6 - PROCEDURE CODE PAIRS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLED	7801
Denial Reason Code 6 - PROCEDURE CODE PREVIOUSLY BILLED ON HISTORICAL CLAIM	572
Denial Reason Code 6 - PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE	3046
Denial Reason Code 6 - PROCEDURE or DIAGNOSIS CODE DELETED, INCOMPLETE OF INVALID	7
Denial Reason Code 6 - PROVIDER MEDICAID ID REQUIRED FROM MEMBER STATE; OBTAIN ID & RESUBMIT	55
Denial Reason Code 6 - REQUEST COMPLETE NO ACTION NECESSARY	1
Denial Reason Code 6 - SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED	578
Denial Reason Code 6 - SERVICE ONLY PAYABLE WITH A PAYABLE TRANSPORT CODE	243
Denial Reason Code 6 - SERVICE(S) OR SUPPLIES DURING GLOBAL SURGICAL PERIOD	178
Denial Reason Code 6 - SINGLE UNILATERAL PROCEDURE SUBMITTED MORE THAN ONCE ON THE SAME DOS	6
TOTAL	91689

**This report was based on LA Healthcare Connections’ understanding of the current report specifications provided by DHH.**  
**The report programming is still under review, thus any changes may result in resubmission of the report. This report should not be used for comparative purposes until all reporting format and specifications have been finalized.**